## United States District Court

44.43

SOUTHERN

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1	ictolas Andrews.	)
	Plaintiff	) )
	vs.	) Case No. <u>15-cv-15-M</u> JR
$\overline{n}$	extord Health Sources, Iuc.	) (The case number will be assigned by the clerk) )
21	ERYN LYNN	) BOTH OFFICIALLY AND INDIVIDUALLY
	R. Altouso David,	) ) ) )
	Defendant(s)	) )
(Lis	st the full name of ALL plaintiffs and defend arate caption page in the above format).	dants in the caption above. If you need more room, attach o
	9	COMPLAINT*
pris una defe clas	soners challenging the constitutionality of th der 42 U.S.C. § 1983 (against state, county, or endants). However, 42 U.S.C. § 1983 and "Bi	omplaint, if known. This form is designed primarily for pro se eir conditions of confinement, claims which are often brough municipal defendants) or in a "Bivens" action (against federa vens'' do not cover all prisoners' claims. Many prisoners' lega cular claim may be based on different or additional sources of laim or draft your own complaint.
×	42 U.S.C. §1983 (state, county or municipal	l defendants)
	Action under Bivens v. Six Unknown Federa	al Narcotics Agents, 403 U.S. 388 (1971)(federal defendants)
	Other federal law:	
0	Unknown	

<sup>\*</sup>Please refer to the instructions when filling out this complaint. Prisoners are not required to use this form or to answer all the questions on this form in order to file a complaint. This is not the form to file a habeas corpus petition.

## I. FEDERAL JURISDICTION

Jurisdiction is based on 28 U.S.C. § 1331, a civil action arising under the United States Constitution or other federal law. (You may assert a different jurisdictional basis, if appropriate).

## II. PARTIES

A. Plaintiff:
Full Name: <u>Victolas Andrews</u>
Prison Identification Number:
Current address: USUS STATE RT 1410 EAST
VIENNA, IL. (02995
For additional plaintiffs, provide the information in the same format as above on a separate page. If there is more than one plaintiff, each plaintiff must sign the Complaint, and each plaintiff is responsible for paying his or her own complete, separate filing fee.
B. Defendants
Defendant #1:
Full Name: Wexford Health Sources, Incorporated
Current Job Title: Prison Hospital Employer of Dr. Alfonso David (SHAWLER COLL.
Current Work Address 425 Holi Day Da., Foster Plaza Two,
PITTS burgh, PA. 15220
Defendant #2:
Full Name: SHERY 11 LYNA (STATE Employee)
Current Job Title: PRISON HOSPITAL ADMINISTRATION (SHAWARE CONR. CEN.)
Current Work Address (NOS STATE RT 1410 EAST
WIENNA, IL. 62995
Defendant #3:
Full Name: Alfonso David (Wexford Health Sources-Employee

Current Job Title: Phison Hospital Doctor	(SHAWNER CONR. Cev.)
Current Work Address   Idolo5 STATE RT 144 EAST	
<u>Vienna</u> , IL. 62995	
Defendant #4:	
Full Name:	
Current Job Title:	
Current Work Address	
Defendant #5:	
Full Name:	
Current Job Title:	
Current Work Address	
For additional defendants, provide the information in the same format as a III. LITIGATION HISTORY	ibove on a separate page.
The "three strikes rule" bars a prisoner from bringing a civil ac federal court if that prisoner has "on 3 or more occasions, while incarcerated an action or appeal in a court of the United States that was dismissed malicious, or fails to state a claim upon which relief may be granted, unl danger of serious physical injury." 28 U.S.C. § 1915(g).	l or detained in any facility, brought on the grounds that it is frivolous
A. Have you brought any other lawsuits in state or federal court dealing wi	th the same facts involved
in this case? Yes   No   No	
in this case?  Yes  No	
B. Have you brought any other lawsuits in federal court while incarcerated	?
Yes □ No 🙀	

C. If your answer to B is yes, how many? Describe the lawsuit(s) below.
1. Name of Case, Court and Docket Number
2. Basic claim made
3. Disposition (That is, how did the case end? Was the case dismissed? Was it appealed? Is it still pending?)
For additional cases, provide the above information in the same format on a separate page.
IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES
Prisoners must exhaust available administrative remedies before filing an action in federal court about prison conditions. 42 U.S.C. § 1997e(a). You are not required to allege or prove exhaustion of administrative remedies in the complaint. However, your case must be dismissed if the defendants show that you have not exhausted your administrative remedies, or if lack of exhaustion is clear from the complaint and its attachments. You may attach copies of materials relating to exhaustion, such as grievances, appeals, and official responses. These materials are not required to file a complaint, but they may assist the court in understanding your claim.
A. Is there a grievance procedure available at your institution? Yes No 🗖
B. Have you filed a grievance concerning the facts relating to this complaint?
Yes 🗖 No 🗖
If your answer is no, explain why not
C. Is the grievance process completed? Yes No 🗆

V. STATEMENT OF CLAIM
Place(s) of the occurrence SHAWNEE CORRECTIONAL CENTER
Date(s) of the occurrence JAN. 29, 2011 TO PRESENT
State here briefly the FACTS that support your case. Describe what each defendant did to violate your federal rights. You do not need to give any legal arguments or cite cases or statutes. Number each claim in a separate paragraph. Unrelated claims should be raised in a separate civil action.
THE COURT URGES YOU TO USE ONLY THE SPACE PROVIDED. Federal Rule of Civil Procedure 8(a) requires only a "short and plain statement" of your claim showing that you are entitled to relief. It is best to include only the basic, relevant facts, including dates, places, and names.
(1.) ON AUGUST 19, 2009, THE PLAINTIFF, NICHOLAS ANDREWS UNDERWENT AN
OPERATION ( LAPAROSCOPIC RIGHT INQUINAL HERNIA REPAIR, TEP WITH LANGE
3-D MAX MESH AND VENTRAL HERNIA REPAIR ALLATOMICAL) AT ST. MAKY'S
GOOD SAMARITAN HOSPITAL, 400 N. PLEASANT, CENTRALIA, Illinois,
UNDER SURGEON-DR. RAVI GEORGE, M.D. WITH DR. JULIA BANCAOFT
As His primary physician.
2.) AFTER HIS SURGERY , THAT SAME DAY, HE WAS DISCHARGED TO GO HOME
WITH POSTOPERATIVE INSTRUCTIONS.
3.) THAT IN THE fall of 2010 THE SURGICALLY IMPLANTED 3-1 MAX MESH WAS
FOUND TO BE DEFECTINE AND WAS RE-CAILED.
4) THAT HE WAS SCHEDLIED TO HAVE EMERGENCY SURGEY ON FEB. 3, 2011, by
HIS SURGEON DR. GEORGE, TO REMOVE AND OR REPLACE THE 3-D MAX MESH,
BUT BEFORE HE COULD HAVE THE EMERGENCY SURGERY DERFORMED HE WAS
INCARCERATED ON OR About JAN. 29, 2011, AT MENARD CORRECTIONAL CENTER,
WHERE HE CONTINUED TO EXPERIENCE SEVERE PAIN PARTICULARLY IN THE REGION
HE HAD HIS SURGERY.
5.) THAT HE PUT PRISON OFFICIALS AT MENARD CORR. CEN. ON NOTICE, THROUGH
instormal notes, letters and by Exhausting The grievance procedures, of His
SERIOUS MEDICAL EMERGENCY, HIS SEVERE DAIN, THAT HE NIEEDED EMERGENCY
CORRECTIVE SURGERY AND THAT HE WAS ALREADY SCHEDULED TO HAVE -

- THE Suggery on FEb. 3, 2011, by His specialist, Dr. George.
(6.) REGARDIESS THAT PRISON OFFICIALS AT MENARD CORR. CEN. WERE AWARE OF
A SUBSTANTIAL RISK OF FURTHER SELIOUS HARM TO PLAINTIFF, THEY FAILED
REPEATEDLY from ON OR About JAN. 29, 2011 - JUNE 6, 2012, TO PROVIDE
COMPETENT MEDICAL CARE AND TREATMENT FOR THE PLAINTIFF by only
ADMINISTERING HIM TYLENOL, I BUPROFEN AND INSTRUCTING HIM TO LIE DOWN AND
PISH HIS STOMACH IN WITH HIS HANDS, THEREBY TREATING HIS SERIOUS MEDICAL
EMERGENCY WITH RECKIEST DISREGARD AND NEGLIGENCE TOWARDS HIS RIGHTS.
(7.) On or about June 10, 2012, Plaintiff was TRANSFERED TO SHAWNEE
CORRECTIONAL CENTER, A FACILITY WITH "EXTREMELY HARSH" CONDITIONS,
WHERE HE Also put prison officials on notice of His serious medical necos
AND SEVERE pain by informal lETTERS, NOTES AND FRHAUSTING THE GRIENANCE
PROCEDURES.
(8.) HE communicaTED THE DEDERS from DR. GEORGE, His surgical specialist, AUD
complaints of How SEVERE His postoperative pain still was and How THE SOY
MEAT THE PRISON FED "SWELLED HIS STOMACH UP" COMPOUNDING THE PAIN.
(9.) THAT PRISON OfficiAls AT SHOWLEE CORR. CEN., DR. Alfouso David AND
Administrator SHERYII LYNN, HONE KNOWINGLY, willfully AND INTERTIONALLY
CONTINUED WITH improperly AND UNREASONABLY DELAYING PLAINTIFF PRESCRIBED
MEDICAL TREATMENT REGARDLESS THAT THEIR ACTIONS HAVE CAUSED HIM PAIN, MENTAL
Auguist Ann Discomfort.
(10.) DEFENDANTS, WHO HAVE ONLY GENERAL KNOWLEDGE OF MEDICINE, HAVE SUBSTITUTED
THEIR JUDGEMENT FOR THAT OF A SPECIALIST DI IGNORING HIS ARRICE AND
TUSTRUCTIONS, REGARDING TREATMENT OF PLANTITYS OBVIOUS MEDICAL EMERGENCY,
REGARDLESS THAT IT'S LESS Effective, because it's AN EASIER AND CHEAPER"
COURSE OF TREATMENT.
(11.) THAT WENFORD HEALTH Sources, Tue., AS THE Employer of Dr. Alfonso David,
BEARS RESPONSIBILITY FOR ENSURING THAT PRISON INMATES RECEIVE ADEQUATE -

S .
- MEDICAL CARE IN THAT THEY HAVE KNOWLEDGE OF SIMILAR MISCOURUST FROM
IT'S EmployEE'S IN THE form of NUMEROUS COMPLAINTS: WHERE THEY'RE liable
for failure to TRAIN TAKIR EMPLOYEE'S WHEN THAT FAILURE SHOWS AN INTENTIONAL
AND DELIBERATE INDIFFERENCE TO PRISONERS RIGHTS AND IN LIGHT OF THE MANY
DUTIES A DOCTOR OR OTHER HOSPITAL Employee may come Across in A prison
ENVIRONMENT, THE WEED FOR MORE OR DIFFERENT TRAINING IS Obvious AND THE
inadequacy Likely TO RESULT in a DEPRINATION of PRISONERS RIGHTS, THAT AS THE
Employer, who makes THE policies, THEY (WENFORD) can REASONABLY be said
TO HAVE Also BEEN DELIBERATELY INDIFFERENT TO PLAINTIFFS SERIOUS MEDICAL LIEEN
(12.) THAT THE DEFENDANTS HAVE DONE NOTHING MORE THAN "DULY NOTED"
Plaintiffs Secious medical problems.
(13.) MALICE is THE gist of THIS ACTION.
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## RELIEF REQUESTED

(State what relief you want from the court.)

WHEREfore Plaintiff prays THE P	OWORANE COURT WILL DECIDE IN AIS
FAMOR AND AGAINST THE DEFENDANTS A	UD AWAND Him COMPENSATIONY DAMAGES
IN THE AMOUNT of \$2,000,000 ( Tu	10 million-Dollars) for THE PAIN AND
MENTAL ANGUISH HE'S SUFFERED AT THE	HANDS OF THE DEFENDANTS. IN
ADDITION AFRETO, PLAINTIFF ASKS FOR \$	
PULLITIVE DAMAGES TO DETER THE DEFEN	DANTS from Engaging in TAIS Type of
CONDUCT IN THE FUTURE AND FOR OTHER	- SUCH ADDITIONAL, AND AND AN Relief
THIS COURT DEEMS FAIR, JUST AND REAS	OMADE IN THE PREMISES.
	•
JURY DEMAND Yes No	
Cionad this	
Signed unis day of PAN	ruk Add , 20 15.
Signed this day of day	rukady, 20 15.
day of	(Signature of Plaintiff)
day of	Mandalau
day of	Mandalau
Name of Plaintiff:	Mandalau
	(Signature of Plaintiff)
Name of Plaintiff:	(Signature of Plaintiff)  Inmate Identification Number: